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"For Every Child - - A Fair Chance for a Healthy Personality"

From the crossroads of America, representing every rural hamlet and every metropolis around the Nation, more than 5,000 leaders in their home-town community affairs are convening in Washington from December 3d to 7th for the Mid-Century White House Conference on Children and Youth. This is a conference of three dimensions, which stretches backward over many months of preparation, and forward into months and years of action resulting from present deliberations, action which may well bear lasting and vital influence on the health and well-being of this Country's 50,000,000 children and young adults.

The Conference Goal

Goal of the 1950 conference, fifth of a series since the turn of the century, is far-reaching: "A society in which every child will have a fair chance for a healthy personality." It proposes to provide at least partial answers to two questions: (1) How can children be helped to develop the mental, emotional, and spiritual qualities essential for individual happiness and responsible citizenship, and (2) What physical, economic, and social conditions are necessary for this development.

The conference meetings are considering:

1. Technical reports dealing with facts established by the sciences that contribute to our knowledge of child growth and development.
2. Information about programs and practices affecting children and young people in such fields as education, health, welfare, religion, leisure-time activities.
3. Reports of the problems, accomplishments and conditions relating to children in the states.

In the light of the information before them, the several thousand participants in the conference sessions will formulate principles, draw up recommenda-

tions on practices and programs, and suggest lines of postconference action.

The Conference Pattern

All parts of the conference are closely related in a unified pattern. At the general sessions outstanding speakers are presenting the essence of what is known about healthy personality development. However, 35 work groups comprise the heart of the conference, where delegates deal concretely with problems and issues involved in the attainment of the conference goal.

Four advisory councils have been preparing background material for use by panel meetings and by work groups. The conference is to culminate in a final session where a program of future action will take shape, based on findings of the work groups and the report of the conference committee on recommendations.

The 35 work groups are divided into five major sections as follows:

Section I: Furthering Healthy Personality Development in Children and Youth. This section, with six working groups, is considering experiences and conditions which favor, or hinder, healthy personality development at various ages from infancy to adulthood. Objective of this section is to arrive at conclusions as to how the conditions and experiences which further healthy personality development may be provided, and how the obstacles that stand in the way of healthy personality development may be overcome.

Section II: Furthering Healthy Personality Development Through the Family, the Church, the School, and Other Social Institutions. This section is considering conditions and practices in the various social institutions which favor, or hinder, healthy personality development. Contributions of health and social services of the community in development of a



healthy personality, the use of leisure time, the relation of working conditions and experiences to the personality development of employed youth are among factors being weighed by nine working groups functioning in this section.

Section III: Making More Positive the Influence of Religious, Social, and Economic Forces on Personality Development. Such social factors as the effects of conflicting standards and values in today's society, of neighborhood "climate," of family income, of prejudice and discrimination, and of mobilization and war on healthy personality development are being tackled by eight work groups.

Section IV: Furthering the Healthy Personality Development of Children in Special Situations. Six work groups in this section are considering the influencing factors which affect personality development among children in families of inadequate incomes, children with "part-time" parents, children on the move, children with severe physical and mental limitations, children with severe emotional disorders, and children who rebel against conformity with society's normal pattern of behavior.

Section V: Mobilizing Citizens for the Improvement of Conditions Affecting the Personality Development of Children and Youth. Six work groups in this section are considering how community resources can be mobilized to provide the conditions which foster health personality development in children and youth. Such questions as "How are community attitudes affecting children and youth changed?" "How does a community find out what needs to be done in planning creatively for children and youth?" and "What kinds of organization at national, state and local levels will best facilitate citizen participation and community action to implement the recommendations and other findings of the Mid-Century White House Conference?" are demanding the attention of section participants.

A "Grass Roots" Program

This conference has been dubbed the "grass roots program for children" because its development began in local neighborhoods. Based on the American tradition of free exchange of facts and opinions, the conference has evolved through citizen initiative. This development has been entirely nonpartisan and nonpolitical.

In addition to the thousands of people who are now participating directly in the conference, thousands more have been involved in activities leading up to the conference. Several hundred national voluntary organizations serving children and young people have been studying their own programs, and have developed special projects as their contribution to the conference. Thirty-seven departments, agencies and bureaus of the

Federal Government have likewise been conducting studies and are making their technical information and other special resources available for conference purposes.

In each of the states and territories an official White House Conference Committee has been appraising conditions confronting children and studying services available to meet the needs revealed.

California Studies Its Own

Responsibility for preparing this State for the Mid-Century White House Conference was assigned by Governor Warren to the California Youth Committee. This preparation has been marked by two separate but closely related projects—the mid-century study of children and youth in California, and governor's youth conferences.

The study began in February, using funds contributed by the Rosenberg Foundation. It was conducted by research specialists employed by the Youth Committee. These specialists collected data from official and voluntary agencies, studied returns from questionnaires sent to local groups for community self-study, and made their own spot studies of 10 selected communities. From this data the research staff prepared resource material for use in the Governor's Second Youth Conference held in Sacramento in September. Several thousands of Californians were active in providing information basic to the state-wide study.

One of the early steps in California's preparation for the White House Conference came when 250 community leaders from over the State met for a week-end conference at Asilomar, Monterey County, using the theme "The Child in His Family and Community." Much of the work was done in roundtable discussions, in which youth assumed an active part. This conference was sponsored by 33 state-wide groups and was coordinated by the California Youth Authority. The conference was divided into four areas of interest—Health and Welfare, Education, Group Work and Recreation, and Juvenile Justice.

As a follow-up to the White House Conference, a second Asilomar conference is scheduled for January 11-13, when community leaders will again come together under sponsorship of the 33 state-wide organizations to consider ways of implementing recommendations coming out of the Washington conference.

Historical Development

Each White House Conference since the first one was called in 1909 by President Theodore Roosevelt has made important contributions to the Nation's ability to understand and meet the needs of children. "to make possible for more and more of them to live longer lives, suffer less illness and grow up in greater security." One of the direct outcomes of the First

White House Conference was the establishment of the Children's Bureau in 1912.

The second conference, called by President Wilson in 1919, was responsible for the first important body of child health, child labor and child welfare standards. It brought public demand for state child-labor legislation, and paved the way for the Sheppard-Towner Act, first federal-state cooperative program in the field of social welfare for improving state and local services for children.

From the Third White House Conference, called by President Hoover in 1930, came the most comprehensive statement of the needs of children ever assembled in one set of documents. These documents, published in 32 volumes, reflected the work of more than 1,200 experts who served on the project for more than a year. The children's charter, embodying 19 points phrasing the conference's recommendations concerning the rights of all children, came out of this conference.

In 1940 the Fourth White House Conference, called by President Franklin D. Roosevelt, sought to determine ways in which children in a democracy can best be helped to grow into the kind of citizens who will know how to preserve and protect the Nation's Democracy.

The 1950 conference, which falls midpoint in a fateful century, was launched by President Truman in September, 1949, when he appointed 52 citizens particularly interested in child health and welfare to serve on the National Committee of the Mid-Century White House Conference on Children and Youth. For the first time youth is represented in the national committees.

Two Californians are among the committee appointees. They are Edward B. Shaw, M.D., Clinical Professor of Pediatrics at the University of California Medical School, and Francis L. Bacon, LL.D., Visiting Professor of Education at the University of California at Los Angeles.

In the words of the national committee, "This conference does not propose to answer all the ills which beset humanity, but it is reasonable to hope that a concerted effort to obtain and use tested knowledge in the creative solution of problems affecting children will appreciably reduce the number of those who drop by the wayside on the road to adult maturity."

It is especially important that we direct our efforts not simply toward the prevention of neurotic symptoms and character traits, but also in the positive direction of the active development of psychologically healthy mature individuals.—Norman A. Levy, M.D.

Health Officer Changes

Santa Barbara County—Joseph T. Nardo, M.D., has been appointed acting health officer for the County of Santa Barbara, succeeding Ira O. Church, M.D. The appointment became effective November 15th.

City of Sacramento—Ira O. Church, M.D., has been appointed health officer for the City of Sacramento, effective November 15th. Herbert Bauer, M.D., has been serving as acting health officer for the past several months.

City of Vacaville, Solano County—John A. Saltman, M.D., was appointed October 17th to succeed Henry L. Fuller, M.D., as health officer of the City of Vacaville.

Medical Officer Position

Dr. Joseph T. Nardo, Acting Health Officer, County of Santa Barbara, announces a vacancy for *Public Health Physician* to direct the communicable disease program and to assist in school health examinations. A California medical license is required. Salary range is \$535 to \$635, with an opportunity to start above minimum, depending upon qualifications, training and experience. A car will be furnished. Apply to Doctor Nardo, P. O. Box 119, Santa Barbara.

Diabetes "Healer" Convicted at Santa Cruz

A Santa Cruz "medicine man" who prescribed a mixture of spinal manipulation, religion, massage and "health foods" for the cure of diabetes has been convicted on two counts of violating the California Pure Drugs Act in a jury trial held in the Santa Cruz Police Court, sentenced to 25 days in jail and fined \$350. The defendant was prosecuted on evidence gathered by the Bureau of Food and Drug Inspections, and by the State Board of Medical Examiners.

A food and drug inspector, one of six prosecution witnesses, described how the defendant had diagnosed him as having diabetes mellitus. Diagnosis was made by "pressing an alleged tender spot on the left arm and noting a droop in the left eyelid." The "doctor" then treated his "patient" with a body massage so violent it broke the skin, pounded his spine with a rubber mallet, and "adjusted three vertebrae that control the pancreas." The "doctor" prescribed a curative diet, but sternly admonished the "patient" not to take insulin. Incidentally, medical tests showed the "patient" did not have diabetes.

Federal Grant-in-Aid Funds Announced for State

Federal grants-in-aid for public health programs, administered by the State Department of Public Health according to policies established in cooperation with the California Conference of Local Health Officers, total \$727,760 in the 1950-51 Fiscal Year. This is an increase over the previous year's assistance from the Federal Government.

Continuous since 1937, the grant-in-aid program pays a percentage of salaries of local health department personnel, and in the case of certain "earmarked" funds finances local activities in tuberculosis, cancer and heart disease control, mental health activities, and similar projects of local health departments, hospitals, schools and other institutions.

Cities and counties of California which are eligible for state public health assistance funds are also eligible for federal grants. Matching funds are not required from the local areas in any significant amounts as a condition of eligibility.

The 1950-51 grants to local health departments are allocated as follows:

Federal Grant-in-Aid Funds for Allocation to Local Health Departments	
Health Department	Amount
ALAMEDA COUNTY	
Alameda City	\$6,075
Berkeley City	6,761
Oakland City	27,105
County Health Department	7,216
BUTTE COUNTY	
County Health Department	7,437
COLUSA COUNTY	
County Health Department	2,990
CONTRA COSTA COUNTY	
Richmond City	7,930
County Health Department	13,396
DEL NORTE COUNTY	
County Health Department	1,161
FRESNO COUNTY	
County Health Department	18,009
HUMBOLDT COUNTY	
County Health Department	8,141
IMPERIAL COUNTY	
County Health Department	8,927
INYO COUNTY	
County Health Department	2,516
KERN COUNTY	
County Health Department	14,930
KINGS COUNTY	
County Health Department	6,950
LOS ANGELES COUNTY	
Long Beach City	15,007
Los Angeles City	112,411
Pasadena City	6,113
County Health Department	99,440
MADERA COUNTY	
County Health Department	6,380
MARIN COUNTY	
County Health Department	8,584
MARIPOSA COUNTY	
County Health Department	1,312
MERCED COUNTY	
County Health Department	7,952
MONTEREY COUNTY	
County Health Department	10,250

Health Department	Amount
NAPA COUNTY	
County Health Department	\$7,063
ORANGE COUNTY	
County Health Department	15,744
PLACER COUNTY	
County Health Department	6,252
PLUMAS COUNTY	
County Health Department	2,904
RIVERSIDE COUNTY	
County Health Department	13,080
SACRAMENTO COUNTY	
Sacramento City	10,004
County Health Department	6,806
SAN BENITO COUNTY	
County Health Department	3,398
SAN BERNARDINO COUNTY	
San Bernardino City	4,620
County Health Department	10,911
SAN DIEGO COUNTY	
San Diego City	24,906
County Health Department	13,088
SAN FRANCISCO CITY AND COUNTY	
City and County Health Department	54,217
SAN JOAQUIN COUNTY	
County Health Department	16,408
SAN LUIS OBISPO COUNTY	
County Health Department	7,300
SAN MATEO COUNTY	
County Health Department	16,167
SANTA BARBARA COUNTY	
Santa Barbara City	4,068
County Health Department	5,540
SANTA CLARA COUNTY	
San Jose City	6,328
County Health Department	12,536
SANTA CRUZ COUNTY	
County Health Department	7,731
SOLANO COUNTY	
County Health Department	10,414
SONOMA COUNTY	
County Health Department	9,531
STANISLAUS COUNTY	
Modesto City	1,902
County Health Department	8,653
SUTTER COUNTY	
County Health Department	5,506
TULARE COUNTY	
County Health Department	12,130
VENTURA COUNTY	
County Health Department	11,928
YOLO COUNTY	
County Health Department	6,507
YUBA COUNTY	
County Health Department	4,960

Course in Diseases of the Chest Offered

Qualified physicians are invited to register for a course in the diseases of the chest presented by the California Chapter of the American College of Chest Physicians. The course will run from February 19 through February 23, 1951, and will be held at the Medical Center, Parnassus and Third Avenue, San Francisco.

Fee for the course is \$50 payable at the time of enrollment. Requests for registration should be addressed to:

Stacy R. Mettier, M.D.
Head of Postgraduate Instruction
Medical Extension
University of California Medical Center
San Francisco 22, California

Polio Year to Date "Normal"—Case Incidence Is Falling

Although a flareup in the poliomyelitis incidence received much publicity in the latter part of October, this was a very brief and limited outburst which failed to reverse the gradual downward trend of the last several weeks.

In the Nation as a whole, polio this year did reach a peak one month later—in September—than during last year's record national outbreak, but alarm proved unjustified and the usual downturn began almost as soon as peak case incidence was announced. In California the month of August brought this year's apparent peak of 385 cases, followed by 334 in September and 298 in October.

Comparative figures for nine-month periods in 1949 and 1950 appear below:

Table I
Recorded Incidence—Poliomyelitis
January-October, 1949 and 1950

Month	Number of cases	
	1949	1950
January	189	91
February	72	57
March	53	48
April	30	46
May	49	91
June	125	91
July	313	194
August	544	385
September	510	334
October	368	298
Totals	2,253	1,635

Age distribution of poliomyelitis has been analyzed for 1,439 cases which occurred from April through

October, 1950, and which were distributed throughout 45 of our 58 counties. Of this total number, 51.3 percent of the cases were in children under 10 years old, 21.7 percent were in the 10-19 age group, and 27 percent in those 20 years of age or older. This age distribution is comparable to that of 1949, but comparison shows that a smaller proportion of polio patients this year were under 10 years of age while a correspondingly higher proportion of cases were adult.

Table II below portrays the age distribution of polio cases in the past three years, with 1950 complete only through October.

Table II
Poliomyelitis by Age Groups
1948,¹ 1949,² 1950³

Age Groups	Number of cases			Percent		
	1948 ¹	1949 ²	1950 ³	1948 ¹	1949 ²	1950 ³
Under 5 years	1,948	704	381	31.7	26.9	26.5
5-9	1,677	689	357	27.3	26.4	24.8
10-19	1,118	523	312	18.2	20.0	21.7
20 and over	1,404	697	388	22.8	26.7	27.0
Not stated	5	7	1			
Totals	6,152	2,620	1,439	100.0	100.0	100.0

¹ January, 1948-March, 1949.

² April, 1949-March, 1950.

³ April-October, 1950.

In reading Tables III and IV, which follow, the Acute Communicable Disease Service notes that conclusions about the "severity" of polio attacks during the year must be cautious, if made at all, pending analysis of complete data for the year. However, using such information as is now available from 1,075 case histories for evidence of severity, it is noted that while only 717 cases or 66.7 percent were paralytic, 194 or 27 percent have had bulbar involvement, and 60 terminated in death.

Table III

Year	Total cases recorded	Number paralytic	Percent paralytic	Number bulbar ¹	Percent bulbar ²	Non-paralytic	Histories not received
1950	1,439 ³	717	66.7	194	27.0	358	364
1949	2,620	1,690	68.4	448	26.5	780	150
1948	6,152	4,473	72.7	1,138	25.5	1,631	48

¹ Including bulbar and bulbo-spinal cases.

² Percent per 100 paralytic cases.

³ April-October, 1950.

Table IV
Comparative Fatality Rates
1948,¹ 1949,² 1950³

Year	Total cases recorded	Number paralytic	Number bulbar	Number deaths	Percent fatality
1950 ³	1,439	717	194	60	8.4
1949 ²	2,620	1,690	448	109	6.4
1948 ¹	6,152	4,473	1,138	389	8.7

¹ January, 1948-March, 1949.

² April, 1949-March, 1950.

³ April-October, 1950.

To summarize: The endemic level of poliomyelitis appears to have increased throughout the Country, and California had had the same experience during the past decade. The proportion of cases in the age group 20 years and older has risen during the past three

years. This year the percentage of severe cases appears to be somewhat higher, although this tendency may be partly attributed to incompleteness of reports at this date. Geographic distribution of cases in California this year does not indicate focal epidemics.

To survive may be urgent; but, in any term of existence the important thing is still what we ourselves are and what we help others to be.—*Lyman Bryson, in Handbook of Adult Education in the United States, Teachers College, Columbia University.*

One out of 15 persons are disabled one or more days a year by accidents.—*National Safety Council.*

Turlock Study of Tagged Mosquitoes Provides Data on Flight Range

Valuable flight range data on the mosquito *Aedes nigromaculis* has been gained through a pilot dispersal study near Turlock in which more than half a million mosquitoes "tagged" with radioactive phosphorus were released under controlled conditions during August and September. The study was a cooperative project of the State Department of Public Health and the California Mosquito Control Association, and was conducted within the Turlock Mosquito Abatement District. The project was under the technical direction of Deed C. Thurman, Jr., S.A., Sanitarian (R) USPHS, on assignment to the Bureau of Vector Control.

Maximum distance at which "atomic" mosquitoes were recovered was two miles downwind from release points and slightly less on the upwind side. The released mosquitoes dispersed almost equally over an area of 1,000 acres in all directions from the release points. Flight information of this nature is essential to effective planning for species control.

Of nearly 2,000,000 mosquitoes captured in light traps or by hand collection methods, an average of 1 in 1,000 was detected by Geiger counter as a member of the radioactive groups. Light traps were set and collections made for a radius of 10 miles from the release points.

Three separate groups of mosquito larvae spent from 60 to 96 hours in tanks containing radioactive P-32, emerging as adults which could be easily detected by Geiger counter upon capture. This method of using the radioactive tracing procedure proved itself to be much superior to previous methods using fluorescent dye.

Many questions were raised by the Turlock project. For example, what effect did control operations of the Turlock Mosquito Abatement District have on the dispersal of the "tagged" mosquitoes? The fact that they had to fly through controlled areas may have restricted their potential flight range. Also, what effect did the phosphorus have on the mosquitoes? Can the findings of this study be applied to other areas of the State? Do mosquitoes fly different distances under different climatic conditions?

These are questions which the scientists will pursue in further studies of radioactive mosquitoes planned for next year to obtain additional knowledge to guide mosquito control. Flies may also be tagged with P-32 to learn more about their flight range and other habits.

Accidents last year claimed 91,000 lives, brought 9,500,000 injuries and cost the Nation \$7,500,000,000.
—National Safety Council

Tuberculosis Nursing Consultant

Miss Agnes Peterson has joined the staff of the State Department of Public Health as Tuberculosis Nursing Consultant. She comes to California after serving two years in a similar position with the Territorial Board of Health in Hawaii. Previously, in 1945 and 1946, she held the same position in the Utah State Department of Public Health, where she was on loan from the Public Health Service.

In addition to her experience in the special field of tuberculosis, Miss Peterson has held staff and supervisory positions in health departments and has had school nursing experience. During the past summer she participated in a two weeks' study tour of tuberculosis control facilities in Denmark, including observation at the B. C. G. Institute. The tour was arranged jointly by the Danish and International Council of Nurses.

Mrs. Dorothy Gibson, who served as Tuberculosis Nursing Consultant for the department from July, 1949, until Miss Peterson joined the staff, has transferred to a general nursing consultant position, with assignment to the northern area of the State.

State PHN Certificate Examination Announced for March 16th

An examination for the California Public Health Nursing Certificate will be held Friday, March 16, 1951, in San Francisco and Los Angeles. The examination will be given in two parts, the first from 9 a.m. until 12 noon, and the second from 1 to 4 p.m.

Application forms and information in regard to requirements for admission to the examination may be obtained from the Bureau of Public Health Nursing, State Department of Public Health, Room 751, Phelan Building, 760 Market Street, San Francisco 2.

Applications for admission to the examination should be in the office of the Bureau of Public Health Nursing not later than March 2d.

Memorial to Doctor Snow

The December issue of the Journal of Social Hygiene, publication of the American Social Hygiene Association, is dedicated to the memory of Dr. William Freeman Snow, association founder and a member of the Journal's editorial board for 36 years. Doctor Snow, who served as Executive Officer of the California State Board of Public Health from 1909 to 1913, died June 12th, ending an active career in public health which began back at the turn of the century. He was 75.

State Scholarship Grants Assist Public Health Training

With the opening of a new school year 29 persons have begun postgraduate training on state scholarships in Schools of Public Health and related universities. In this group are 7 physicians, 15 nurses, 3 sanitarians, 2 health educators, 1 public health analyst and 1 veterinarian. Of the 29, all but 8 have had limited experience in local health departments; the others are new to the public health field, or are on educational leave from the State Department of Public Health or from hospital staffs.

In addition to the above group, 19 students, including 14 nurses, 4 health educators and 1 nutritionist, were concluding their postgraduate training on scholarship grants made during the previous fiscal year.

During the past summer short-term training on scholarships was also being pursued by 41 persons, 22 of whom had started their training prior to July 1st and 19 after. Nature of this training included the care of premature babies, laboratory work in public health techniques, field training, and a course in recognition of cancer cells.

Public Affairs Pamphlets Reach the Three-Million Mark

Three million Public Affairs Pamphlets on health have been distributed to date, the Public Affairs Committee, 22 East 38th Street, New York, has announced. Added to the list of their publications are two new pamphlets, *Arthritis and Rheumatism* and *Hardening of the Arteries and High Blood Pressure*. These are scheduled for fall-winter release and will cost 20 cents per copy.

In greatest demand in the health series are *Blood Magic For All*, of which almost 700,000 have been distributed; *Facing the Facts About Cancer*, over 500,000; and *Epilepsy—The Ghost is Out of the Closet*, 470,000.

CPS Health Plan Grows

A fiscal year report just issued by California Physicians' Service shows that the voluntary prepaid health plan increased its membership from 730,494 on April 1, 1949, to 928,391 on March 31, 1950, a net gain of 197,897. An increase was also noted in the number of sponsoring physician-members, from 9,584 to 10,430, during the period covered by the report. Approximately 90 percent of the State's active private-practicing, licensed doctors of medicine now participate.

Public Health Service Grants

Public Health Service grants to California have been announced by the Federal Security Agency designated for the following activities:

Research Grants

Institution and administrator of funds	Amount granted	Subject
University of California, Berkeley, Dr. John W. Gofman	\$81,000	Fundamental biochemical and biophysical factors in the pathogenesis of atherosclerosis.
University of California, Berkeley, Drs. Karl M. Bowman and Jurgen Ruesch	13,392	Exploration of social situations used in psychotherapy.
University of California, Berkeley, Dr. Jean Walker Macfarlane	30,283	Personality development, from birth to maturity (The Guidance Study)
University of California, Berkeley, Dr. Hubert S. Coffey	9,917	A study of the role of leadership and the function of the group in group psychotherapy.

Teaching Grants

Institution and administrator of funds	Amount granted	Subject
University of Southern California, Los Angeles	28,000	Expansion and improvement of cardiovascular teaching curriculum.
University of California Medical School, San Francisco	28,000	Expansion and improvement of cardiovascular teaching curriculum.
University of California, Berkeley-San Francisco	129,328	Graduate psychiatry, clinical psychiatry, psychiatric social work and psychiatric psychology.
University of California, Los Angeles	12,576	Clinical psychology.
University of Southern California, Los Angeles	42,470	Clinical psychology and psychiatric social work.
Stanford University, Stanford	33,160	Graduate psychiatry and clinical psychology.

Water Works Disaster Committee

The California Section of the American Water Works Association has appointed a nine-man committee, with Mr. John S. Longwell, Piedmont, as chairman, to assist in planning for disaster preparedness. Mr. Longwell is also a member of the Citizens Advisory Committee on Medical and Public Health Services of the California Disaster Council.

The new water works committee also includes two members of the Utilities Committee and one member of the Fire Services Committee of the State Disaster Council, so it will be able to serve in a liaison capacity for the several groups concerned with the water works industry.

Latest information on radiological problems and disaster preparedness will be presented by the committee to the Annual Conference of the California Section, American Water Works Association, in San Diego October 27th.

PHS Names Five Californians to Advisory Councils

Five Californians are among 78 national authorities in education, public affairs, medicine and science appointed today by Dr. Leonard A. Scheele, Surgeon General of the Public Health Service, to serve one to four year terms on the seven National Advisory Councils to the Public Health Service.

Californians who will serve are:

National Advisory Health Council—Dr. Wilton L. Halverson, State Director of Public Health, San Francisco, and Dr. Karl F. Meyer, Professor of Experimental Pathology and Director, G. W. Hooper Foundation, University of California Medical Center, San Francisco.

National Advisory Cancer Council—Dr. Lowell S. Goin, Chief, Department of Radiology, Queen of Angels Hospital, Los Angeles.

National Advisory Heart Council—Dr. Burrell O. Raulston, Dean, Medical School, University of Southern California, Los Angeles.

National Advisory Mental Health Council—Mrs. Helen E. Meiklejohn, Berkeley, active in community health affairs and a member of the Mental Hygiene Society of Berkeley.

All but Mrs. Meiklejohn are reappointments.

In addition to the councils on which Californians are represented there are three others: the National Dental Research Advisory Council, the National Advisory Council on Arthritis and Metabolic Diseases, and the National Advisory Council on Neurological Diseases and Blindness. The latter two are new.

A major function of the National Advisory Councils is to advise the Surgeon General of the Public Health Service on the distribution of public funds to nonfederal institutions for the purposes of furthering medical research, training scientific personnel and for the construction of research and training facilities.

The councils have recommended grants totaling close to \$50,000,000 since the establishment of the first council (cancer) in 1938.

Accidents are costing the United States \$14,000 a minute around the clock, day in and day out.—*National Safety Council.*

California Morbidity Reports Selected Diseases—Civilian Cases

Total Cases for October and Total Cases for January Through October, 1950, 1949, 1948 and Five-Year Median (1945-1949)

Reportable diseases	Current month				Cumulative			
	October				January through October			
	1950	1949	1948	5-yr. median 1945-1949	1950	1949	1948	5-yr. median 1945-1949
Amebiasis.....	36	36	30	21	308	273	425	184
Anthrax.....	4				7	2		1
Botulism.....								
Brucellosis (undulant fever).....	12	10	18	25	94	95	151	223
Chancroid.....	36	34	29	34	243	457	368	437
Chickenpox.....	828	557	681	729	28,780	39,632	36,108	36,108
Cholera.....								
Coccidioidomycosis, disseminated.....	4	6	11	6	74	67	64	6
Conjunctivitis, acute infectious of the newborn.....	1	2		2	7	18	14	20
Dengue.....	3	2	2	3	33	49	98	98
Diarrhea of the newborn.....	14	41	20	33	230	379	381	720
Diphtheria.....	44	14	15	14	239	58	63	111
Encephalitis, infectious.....	117	151	148	148	1,549	1,829	1,650	1,247
Epilepsy.....	92	13	46	46	1,253	407	421	431
Food poisoning.....	159	161	111	163	2,252	17,565	3,232	10,780
German measles.....	1,403	1,688	2,131	3,025	12,722	24,076	22,388	24,076
Gonococcus infection.....	2	1	1	2	18	22	44	85
Granuloma inguinale.....	19	22	9	10	298	428	80	178
Hepatitis, infectious.....	20	29	21	29	411	712	14,597	776
Influenza, epidemic.....	1	1	1	1	5	9	13	5
Leprosy.....								
Leptospirosis (Weil's disease).....					4			
Lymphogranuloma venereum.....	9	23	15	22	121	100	200	184
Malaria.....	1	1	2	10	10	17	51	47
Measles.....	371	164	294	394	14,570	41,403	62,472	41,403
Meningitis, meningococcal.....	13	14	15	15	204	233	268	268
Mumps.....	740	1,022	1,103	1,022	30,648	34,852	27,422	27,422
Pertussis.....	218	450	193	450	6,164	3,063	3,306	3,680
Plague.....								
Pneumonia, infectious.....	120	103	85	103	1,625	1,433	1,468	1,584
Polioomyelitis, acute anterior.....	298	368	946	303	1,635	2,258	4,327	1,374
Psittacosis.....	1	1	1	1	7	9	13	9
Rabies, animal.....	12	2	12	20	88	141	237	237
Rabies, human.....								
Relapsing fever.....	1	2	1	2	5	9	7	7
Rheumatic fever, acute.....	19	42	29	53	391	551	393	393
Rocky Mountain spotted fever.....	19	41	12	11	350	138	93	93
Salmonella infections*.....	55	64	86	44	445	856	895	236
Shigella infections (bacillary dysentery).....								
Smallpox.....								
Streptococcal infections: Scarlet fever.....	238	173	244	331	3,741	2,757	2,987	4,179
Streptococcal sore throat (and "septic sore throat").....	29	35	40	35	535	461	434	434
Syphilis.....	758	950	1,199	1,940	7,859	11,514	14,466	18,780
Tetanus.....	2	1	6	5	44	44	50	50
Trachoma.....	1	2	2	2	20	22	15	15
Trichinosis.....	1	2	4	1	15	18	35	35
Tuberculosis: Respiratory.....	687	625	640	672	6,278	7,073	6,920	7,000
Other forms.....	31	54	60	54	346	474	481	481
Tularemia.....					1	5	7	7
Typhoid fever.....	7	15	17	17	90	110	142	130
Typhus fever.....	2				4	5	17	17
Yellow fever.....								

* All types of Salmonella infections now reportable. Prior to January 1, 1950, only A, B and C types were reportable; hence five-year median not entirely comparable.

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